

## Patent Application Data Sheet

### Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: CD

Computer Readable

Form (CRF)?:: Yes

Number of copies of CRF::

Title:: LOW ENERGY REGENERABLE SO<sub>2</sub> SCRUBBING  
PROCESS

Attorney Docket Number:: 10539-12

Request for Early

Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

### **Applicant Information**

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Leo

Middle Name:: E.

Family Name:: HAKKA

Name Suffix:: Mr.

City of Residence:: Montreal

State or Prov. Of

Residence:: Quebec

Country of Residence:: Canada

Street of mailing address:: 8475 ave Christophe-Colomb, Suite 2000

City of mailing address:: Montreal

State or Province of

mailing address:: Quebec  
Country of mailing address:: Canada  
Postal or Zip Code of  
mailing address:: H2M 2N9

Inventor Authority Type:: Inventor

Primary Citizenship  
Country:: Canada  
Status:: Full Capacity

Given Name:: John  
Middle Name:: Nicolas  
Family Name:: SARLIS  
Name Suffix:: Mr.  
City of Residence:: Chomedey  
State or Prov. Of  
Residence:: Quebec  
Country of Residence:: Canada  
Street of mailing address:: 5008, 4e rue  
City of mailing address:: Chomedey, Laval

State or Province of  
mailing address:: Quebec  
Country of mailing address:: Canada  
Postal or Zip Code of  
mailing address:: H7W 4S2

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canadian  
Status:: Full Capacity

Given Name:: Paul  
Middle Name:: Joseph  
Family Name:: Parisi  
Name Suffix:: Mr.  
City of Residence:: St-Lambert  
State or Prov. Of  
Residence:: Quebec  
Country of Residence:: Canada  
Street of mailing address:: 116 rue Dulwich  
City of mailing address:: St-Lambert  
State or Province of  
mailing address:: Quebec  
Postal or Zip Code of  
mailing address:: J4P 2Y7

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canadian  
Status:: Full Capacity

Given Name:: Patrick  
Middle Name:: M.  
Family Name:: Ravary

Name Suffix:: Mr.  
City of Residence:: Dalkeith  
State or Prov. Of  
Residence:: Quebec  
Country of Residence:: Canada  
Street of mailing address:: 22295 Binette RD  
City of mailing address:: Dalkeith  
State or Province of  
mailing address:: Montreal  
Country of mailing address:: Dalkeith  
Postal or Zip Code of  
mailing address:: K0B 1E0

NOTE: REPEAT THIS INFORMATION FOR EACH INVENTOR OR OTHER  
APPLICANT.

**Correspondence Information**

Correspondence Customer

Number:: 001059  
Phone Number:: 416-957-1695  
(Max. 3 telephone numbers)  
Fax Number:: (416) 361-1398  
E-Mail Address:: pmdcosta@bereskinparr.com  
(Max. 3 e-mail addresses)

**Representative Information**

<b>Representative</b>	
Customer Number::	001059

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Par nt</b>	<b>Parent Filing</b>
----------------------	--------------------------	---------------	----------------------

		<b>Application::</b>	<b>Date::</b>
This Application			

### Foreign Priority Applications

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed</b>

### Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of

mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::